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*CORRECTED BIB DATA  
SHEET*

CONFIRMATION NO. 359



Bib Data Sheet

<b>SERIAL NUMBER</b> 09/109,460	<b>FILING DATE</b> 07/02/1998 <b>RULE</b>	<b>CLASS</b> 034	<b>GROUP ART UNIT</b> 3749	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> GARY W. FERRELL, HALF MOON BAY, CA; ROBERT J. ELSON, PALO ALTO, CA; JOHN F. SCHIPPER, PALO ALTO, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/034,369 03/03/1998 PAT 5,974,689				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/21/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 26
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> TIMOTHY H. GENS 265 CAMBRIDGE AVENUE BOX 61029 PALO ALTO, CA 94306				
<b>TITLE</b> CHEMICAL DRYING AND CLEANING SYSTEM				
<b>FILING FEE RECEIVED</b> 701	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UN	ATTORNEY DOCKET NO.
09/109,460	07/02/98	034	3744	

APPLICANT

GARY W. FERRELL, HALF MOON BAY, CA; ROBERT J. ELSON, PALO ALTO, CA;  
JOHN F. SCHIPPER, PALO ALTO, CA.

Steve Gravim

09034369

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF ~~08/034,369~~ ~~03/13/93~~ PAT ~~5,284,112~~  
con 09 3/3/98 5 474 68

SMG

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

SMG

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

SMG

FOREIGN FILING LICENSE GRANTED 07/21/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials SMG		Initials			

ADDRESS	JOHN F SCHIPPER 2211 PARK BOULEVARD PALO ALTO CA 94306	TIMOTHY N. GENS 265 CAMBRIDGE AVENUE BOX 61029 PALO ALTO, CA 94306
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TITLE	CHEMICAL DRYING AND CLEANING SYSTEM METHOD	SMG
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FILING FEE RECEIVED  \$461	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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